

ISSUE CLIPSTAPLE AREA (for additional cross references)



AG	POSITION	INITIALS	ID NO.	DATE
	FEE DETERMINATION	<i>[Signature]</i>		10/26/99
	O.I.P.E. CLASSIFIER	<i>[Signature]</i>	49	11/1/99
	FORMALITY REVIEW	<i>[Signature]</i>	099116	11-9-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/26/99
2	✓	✓	10/26/99
3	✓	✓	10/26/99
4	✓	✓	10/26/99
5	✓	✓	10/26/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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